

**2005 Annual Solid Waste Facility Report****Part A: General Information**

- Please provide any necessary corrections or additions to the site, owner, and operator information below.

**1. Facility Information**

<i>Facility Name:</i>	<i>Street Address:</i>
<i>City, State, ZIP:</i>	
<i>Telephone Number:</i>	<i>Contact Name, Title:</i>

**2. Owner Information**

<i>Owner Name:</i>	<i>Street Address:</i>
<i>City, State, ZIP:</i>	
<i>Telephone Number:</i>	<i>Contact Name, Title:</i>

**3. Operator Information**

<i>Operator Name:</i>	<i>Street Address:</i>
<i>City, State, ZIP:</i>	
<i>Telephone Number:</i>	<i>Contact Name, Title:</i>

- Place an 'X' in front of the correct address to send next year's form: ☐ Owner ☐ Operator

**4. Certification**

I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am fully authorized to make this attestation on behalf of this facility and am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

<i>Signature:</i>	<i>Date:</i>
<i>Print Name:</i>	<i>Phone Number:</i>
<i>Title:</i>	<i>Organization Name:</i>

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- Please offer any comments or suggestions to improve this reporting form.

**5. Suggestions****Part B: Facility Details**

- Please indicate the operational status of the facility by placing a cross in one box ☒.

**1. Operational Status**

<input type="checkbox"/>	Operated all of 2005	<input type="checkbox"/>	Did not accept waste in 2005.
<input type="checkbox"/>	Operated only part of 2005, stopped/started accepting waste on     /     /2005.		

- Please enter the number of days that the facility accepted waste.

**2. Days of Operation**

<i>Number of Days Open in 2005:</i>
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- Please review or fill in the landfill's projected tons per year (TPY) for disposal, percent of TPY available for MSW (municipal solid waste), the expected date to cease landfill operations, and whether the landfill serves only the host community. These data directly support DEP's Solid Waste Master Plan efforts.

**3. Future Capacity**

<i>Tons Per Year (TPY):</i>	<i>Percent TPY available for MSW:</i>	<i>Expected Date to Cease Landfilling:</i>			
<i>Accepts MSW only from the municipality the landfill is located in:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>Accepts NonMSW only from the municipality the landfill is located in:</i>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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### Part C: 2005 Operations

- Please record the tons of Waste Landfilled (exclusive of cover material) by each waste type for each state of origin. Next, sum each waste type into the TOTALS column, then sum that column into the Total Landfilled box. For questions about waste types or conversion factors, refer to page 4 of the Instructions. Use the area below the table to provide any notes or clarifications.

- Round all amounts to the nearest ton.
- If the state of origin is not listed or an additional state is needed, fill in the blank column or cross out a state in an unused column and fill in the other state.
- If the waste type is not listed, use the "Other" line and fill in the name of the waste. If more "Other" lines are needed, cross out an unused waste type and fill in the other waste type name.

#### 1. Waste Landfilled

Waste Type	State of Origin								TOTALS
	MA	CT	ME	NH	NY	RI	VT		
MSW									
C & D WASTE									
ASH									
CONTAMINATED SOILS*									
SLUDGE (WWTP)									
SLUDGE (WTP)									
WOOD WASTE									
DPW WASTE									
ASBESTOS WASTE									
RECYCLING RESIDUE									
DREDGE (FRESH)*									
DREDGE (MARINE)*									
OTHER:									

**Total Landfilled**

Notes:

\* On this page include only the 'Contaminated Soil' or 'Fresh/Marine Dredge' materials that were disposed; if the materials were used as cover material or grading and shaping, see question #3 Cover Material on the next page.

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- List the municipality(ies) and the tonnage (to the nearest ton) of MSW received under contracts or other formal agreements including the end date of such contracts or agreements. If the facility serves only the municipality that owns/operates it, then leave the section blank.

**2. Municipal Contract MSW**

Tons	Municipality	State	Disposal Contract End Date

- Please provide the following types and tonnages (to the nearest ton) of material applied for daily, intermediate, or final cover; erosion control; or grading and shaping (Contaminated Soils or Dredge disposed of, listed in Part C#1 Waste Landfilled, should not be listed again here). Attach an additional sheet, if necessary.

**3. Cover Material**

Cover Material Types	Tons	Cover Material Types	Tons
Soil (Sand, etc)		C&D Fines	
Contaminated Soil		Paper Sludge	
Auto Shredder Residue/Auto Fluff		Dredge (Fresh)	
DPW Waste (sweeps & catch basin cleaning)		Dredge (Marine)	
Wood Chips		Other (Specify):	

- Please provide information on the capping status of the landfill.

**4. Site Capping**

<i>Total acres covered with a DEP approved cap:</i>	<i>Acres capped in 2005:</i>
<i>Acres remaining uncapped:</i>	

- Please provide the quantity of leachate collected and place a cross in the box ☒ that specifies the treatment/disposal method. If the landfill does not collect leachate, leave this section blank.

**5. Leachate Collection**

<i>Number of gallons of leachate collected in 2005:</i>	
<i>Leachate Treatment/Disposal</i>	<input type="checkbox"/> On Site <input type="checkbox"/> Sewer Connection
<input type="checkbox"/> Trucked off-site, Treatment/disposal facility name:	

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- Please review or fill in the following details on Financial Assurance for landfill closure and post-closure.

### 6. Financial Assurance

	Closure	Post-Closure
Financial Instrument Name		
Instrument Current Value	\$	\$

### Part D: Waste Bans

- Provide the following information on the facility's compliance with waste control regulations in 310 CMR 19.017. If the facility does not dispose of any Municipal Solid Waste (MSW), or does not manage loads from vehicles capable of carrying 5 cubic yards or more of waste, then leave this section blank.

#### 1. Monitoring and Inspections

	Comprehensive Inspections	Ongoing Waste Stream Monitoring
Total Number of Loads Inspected		
Total Number of Loads Failing		
Number of Loads Failing Due to Quantities of Items Below:		
CRTs		
White Goods		
Lead Acid Batteries		
Whole Tires		
Bottles and Cans		
Corrugated Cardboard		
Recyclable Paper		
Yard Waste		
Mixed (more than one material)		

- In addition to sending letters to haulers and/or generators responsible for delivering failed loads, describe other actions the facility has taken to ensure that unacceptable quantities of restricted materials are not delivered to the facility.

#### 2. Failed Loads

<input type="checkbox"/>	Charged the hauler a fee	<input type="checkbox"/>	Prohibited hauler from bringing waste to facility
<input type="checkbox"/>	Other (specify):		

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### Part E: Diesel Engine Emission Control

Please record the number of Diesel Engines, if any, used in operating the site including stationary and mobile engines, but excluding vehicles that haul materials to and from the site. Also enter the number, if any, of on site Diesel Engines that have been retrofitted to reduce emissions.

#### 1. Diesel Engines

Number of Diesel Engines used on site:	Number Retrofitted:	If zero, skip the rest of this section.
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Please fill in the grid using one line for each Retrofitted Diesel Engine on site using the codes defined by each bullet below. Attach additional sheets if necessary.

- Equipment Use/Type:** WM/C = Waste Movement/Compaction; EM/C = Earth Movement/Compaction; SUP = Support Function; STA = Stationary Engine
- Fuel Type:** OFF = Off-Road Diesel; ON = On-Road Diesel; ULSD = Ultra Low Sulfur Diesel
- Retrofit Type:** PF = Particulate Filter; OC = Oxidation Catalyst; OTH = Other.

#### 2. Diesel Retrofits

Line #	Equipment Use/Type (WM/C, EM/C, SUP, STA)	Est. Operating Hours/Week	Engine Model & Year			Fuel Type (OFF, ON,
			Retrofit Date	Retrofit Type (PF, OC, OTH)	Retrofit Manufacturer	
1						
			/ /			
2						
			/ /			
3						
			/ /			
4						
			/ /			
5						
			/ /			

Complete and Return this form by <b>February 15, 2006</b> to:	DEP Boston One Winter St, 8th floor Boston, MA 02108 Attn: Brian Holdridge	If you have questions about this form, please download the detailed Instructions at <a href="http://www.mass.gov/dep/recycle/approvals/swforms.htm">http://www.mass.gov/dep/recycle/approvals/swforms.htm</a> , "Annual Solid Waste Facility Reporting", or call Brian Holdridge at (617) 292-5578.
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